		PART B - FEE(S)	TRANSMITTAL			
PC Empleye and send this form, together with applicable fee(s), to: Mai			P.O. Box 1450 Alexandria, Virg	P.O. Box 1450 Alexandria, Virginia 22313-1450		
7 9 0 too B	on should be used for trar	smitting the ISSUE FEE and	PUBLICATION FEE (if requ	ired). Blocks I through 5	should be completed where	
ippropriate. All techer conndicated unless corrected	respondence including the below or directed otherwise	smitting the ISSUE FEE and Patent, advance orders and noti in Block I, by (a) specifying	fication of maintenance fees vanew correspondence address	will be mailed to the curren ; and/or (b) indicating a sep	t correspondence address as sarate "FEE ADDRESS" for	
naintenance hotification	15. E ADDRESS (Note: Use Block 1 for	any change of address)	Note: A certificate of	mailing can only be used f	or domestic mailings of the	
20405 75	90 03/20/2006		papers. Each additions have its own certificate	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
	PHARMACEUTICA	LS, INC.	Cei I hereby certify that the States Postal Service waddressed to the Mai transmitted to the USP	Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
,					(Depositor's name)	
					(Signature)	
					(Date)	
APPLICATION NO.	FILING DATE	FIRST NAME	DINVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/674,636	09/29/2003	Rory A.	J. Curtis	MPI00-524P1RDVIM	5623	
ITLE OF INVENTION: 5:	3010, A NOVEL HUMAN (CARBOXYLESTERASE FAMI	LY MEMBER AND USES TH	EREOF		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$1700	06/20/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
SWOPE, SHERIDAN		1656	435-212000			
Address form PTO/SB/1:	dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	(2) the nar registered of a Customer 2 registere	ottomey or agent) and the nam	a single firm (having as a member a ey or agent) and the names of up to attempt or agents. If no name is		
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	an assignee is identified b 137 CFR 3.11. Completion	, .	Coprint or type) car on the patent. If an assign for filing an assignment. NCE: (CITY and STATE OR C Cambridge,	COUNTRY)	document has been filed for	
lease check the appropriate	assignee category or category	ries (will not be printed on the p	atent): 🔲 Individual 🗯 C	orporation or other private gr	roup entity Government	
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a. Applicant claims S	(from status indicated above MALL ENTITY status. See is requested to apply the Iss		ant is no longer claiming SMA			
note: The Issue Fee and P nterest as shown by the rec	11 . 1 11		e outer trian the applicant, a reg		EYENE2 00000053 1907	'33 1067463i
Authorized Signature				01 FC:1501	1400.00 DA	
	Lisa M. Hemm		Registration 1		300.00 DA	
JICYGUGUE A HEIMIG TEDID.	-1470.	11. The information is required 122 and 37 CFR 1.14. This col O. Time will vary depending un nould be sent to the Chief Inform SEND FEES OR COMPLETEE		the public which is to file (an minutes to complete, includi omments on the amount of it Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB control		